

**BEST AVAILABLE COPY**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	4-19-99
FORMALITY REVIEW			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/2/02
2	✓	✓	5/2/02
3	✓	✓	5/2/02
4	✓	✓	5/2/02
5	✓	✓	5/2/02
6	✓	✓	5/2/02
7	✓	✓	5/2/02
8	✓	✓	5/2/02
9	✓	✓	5/2/02
10	✓	✓	5/2/02
11	✓	✓	5/2/02
12	✓	✓	5/2/02
13	✓	✓	5/2/02
14	✓	✓	5/2/02
15	✓	✓	5/2/02
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If more than 150 claims or 10 actions  
 staple additional sheet here

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(FACE)